

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES

☐ MAGISTRATE☐ DISTRICT☐ APPEALS COURT or☐ OTHER PANEL (Specify below)

IN THE CASE OF

FOR

AT

LOCATION NUMBER

V.S.

PERSON REPRESENTED (Show your full name)

- 1 ☐ Defendant—Adult
2 ☐ Defendant - Juvenile
3 ☐ Appellant
4 ☐ Probation Violator
5 ☐ Parole Violator
6 ☐ Habeas Petitioner
7 ☐ 2255 Petitioner
8 ☐ Material Witness
9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

☐ Felony☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

| | | | |
|---|---|---|--|
| ASSETS | EMPLOYMENT | Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed | |
| | | Name and address of employer: _____ | |
| | | IF YES, how much do you earn per month? \$ _____ | IF NO, give month and year of last employment How much did you earn per month? \$ _____ |
| | | If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OTHER INCOME | IF YES, how much does your Spouse earn per month? \$ _____ | | |
| | If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____ | | |
| | Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____ | | |
| CASH | Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____ | | |
| | PROPERTY | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| VALUE DESCRIPTION IF YES, GIVE THE VALUE AND \$ DESCRIBE IT _____ | | | |
| _____ | | | |
| _____ | | | |

| | | | | |
|---|--------------------|----------------|-------------------------|---|
| OBLIGATIONS & DEBTS | DEPENDENTS | MARITAL STATUS | Total No. of Dependents | List persons you actually support and your relationship to them _____ _____ _____ _____ |
| | | _____ SINGLE | _____ | |
| | | _____ MARRIED | _____ | |
| | | _____ WIDOWED | _____ | |
| DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) | APARTMENT OR HOME: | Creditors | Total Debt | Monthly Paymt. |
| | | _____ | \$ _____ | \$ _____ |
| | | _____ | \$ _____ | \$ _____ |
| | | _____ | \$ _____ | \$ _____ |

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT

(OR PERSON REPRESENTED)